

RECEIVED
CENTRAL FAX CENTER

001

DEC 02 2004



610 Gateway Drive Mail Drop Y-04, North Sioux City, SD 57049-2000

Law Department
Intellectual Property
Mail Drop Y-04

Date: December 2, 2004

Pages: - 2 -
(Including Cover)

To:	Examiner KEMPER, M
Re:	Appln Serial No. 09/472,666
Dept./Co.:	U.S. Patent Office, Art Unit 3622
Fax:	703-872-9306
Phone:	
From:	Jeffrey A. Proehl, Reg. No. 35,987
Ref:	Atty Docket No. P1485US00
Fax:	605-232-2612
Phone:	605-232-1967

MESSAGE:

Transmitted herewith, please find:

Change of Correspondence Address

CERTIFICATION UNDER 37 CFR 51.8: The undersigned hereby certifies that this correspondence is being transmitted, via facsimile, to the Commissioner of Patents, Washington, D.C., on the date indicated above, and to the proper USPTO facsimile telephone number, shown above.

Name: Lori Boulware

Signature:

BEST AVAILABLE COPY

The information contained in this transmission is intended for use of the individual or entity named above. If reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone and return the original transmission to us at the above address via the U.S. Postal Service.

PTO/SB/122 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

Application Number	09/472,666
Filing Date	December 27, 1999
First Named Inventor	DAVIS, David R.
Art Unit	3622
Examiner Name	KEMPER, M
Attorney Docket Number	P1485US00

Please change the Correspondence Address for the above-identified patent application to:

☒ Customer Number : 24333

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐ Applicant/Inventor

☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or Agent of record. Registration Number 35,987

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name Jeffrey A. Proehl

Signature

Date December 2, 2004

Telephone 605-232-1987

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.